FEC FORM 1

Use

Only

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STATEMENT OF ORGANIZATION

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			Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
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ADDRESS (number and street)	12,0, IF, SITIRIE	EFTINW			
(Check if address is changed)	[S,U,1,T,E, 15,0,0	·			
	MASHILNGTO CITYA	N. N.	STATE A ZIP CODE A		
COMMITTEE'S E-MAIL ADDRE	:SS				
(Check if address is changed)	MAITITHEWIP	AXTON BARLA	W1. 401M		
	Optional Second E-Mail Ad	Idress			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	•	111LDERIS, 10RG			
2. DATE 0 1 0 2 1 1 0 1 5					
3. FEC IDENTIFICATION NUMBER ► CO.0.3.7.4.3.5.5					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer MATTHEW O. PAXTON					
Signature of Treasurer	Matthe 1	But En	Date 04 02 2015		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office		For further information of	ontact: FEC FORM 1		

Federal Election Commission Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

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5.	TYPE OF COMMITTEE					
	Can	Candidate Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name Cand	e of didate				
		lidate / Affiliati	Office State State Office			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Cand	e of lidate				
	Pari	ty Con	nmittee:			
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.			
	Poli	tical A	ction Committee (PAC):			
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
		_,	Corporation Corporation w/o Capital Stock Labor Organization			
			Membership Organization Trade Association Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Join	t Fund	Iraising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
		Com	mittees Participating in Joint Fundraiser			
	•	i.	FEC ID number			
	a a	. 2.	FEC ID number			
		3.	FEC ID number C			
		4.				

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_	Write or Type Committee Na					
	Shipbuildes	Council of	America	PAC		
6.	Name of Any Connected				esentative, o	or Leadership PAC Sponsor
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L		1218151515		<u> </u>	- 	
	Mailing Address	121081H 15HR				
		ISUNITE 150				
		WAISHUNGT	101N		PL	200011-1
		·	CITY		STATE	ZIP CODE
	Relationship: KConnec	ted Organization Affiliate	ed Committee	Joint Fundraising	Representati	ve Leadership PAC Sponsor
7.	Custodian of Records: lo	lentify by name, address (p	hone number op	tional) and positi	on of the pe	rson in possession of committee
	Full Name MAIT	ITHEW ORVI	LLE PA	XTON.		
	Mailing Address	120, F. ISITIA	EET NA	√	_	
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	·	MASHINGT	DN	لبب	Da	200011-
	Title or Position		CITY		STATE -	ZIP CODE
	PIRESIDEN	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Telephone num	nber [<u>Z.C</u>	32-17-37-132341
8.	Treasurer: List the name any designated agent (e.g.		r optional) of the	treasurer of the	committee;	and the name and address of
	Full Name of Treasurer	THEW ORVI	LLE PA	MO TIXI		
	Mailing Address	RIOI IF ISITIR	EET NW			
		WASAN WET	WM 15,41	TE 50	<u>o'''</u>	
		WASIHINBIT			STATE	120001-L
	Title or Position			Telephone num	nber LZ	121-17371-13234

12021-17371-132341

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	<u> </u>		
Full Name of Designated • Agent	MAITITEW ORVILLE PAXITO	N	
Mailing Address	20 F STREET NW		
	BUILTE 590		
	WASHINGTON CITY	STATE	ZIP CODE
Title or Position) ENT	lephone number 201	-17371-13,2341
	Depositories: List all banks or other depositories in which xes or maintains funds. repository, etc.	the committee deposits funds	, holds accounts, rents
	CITIBANKNA		· · · · · · · · · · · · · · · · · · · ·
Mailing Address	4400 GISTREET N	V	
	WASHINGTON		10005-
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
			·
Mailing Address	<u>. </u>		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
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	CITY	STATE	ZIP CODE

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(3/2015)					